



Release of Information

Purpose of the Form

- Use this form to authorize PERSI to release information pertaining to your accounts and benefits to named individuals.

Instructions

- Complete the form and send it to PERSI.

Note: The authorization that you provide on this form is valid until you notify PERSI in writing to revoke it.

Member Information			
Name First	Middle	Last	Social Security Number

Individuals to Whom Information May be Released			
Name	Street or P.O. Box		
	City	State	Zip Code
	Daytime Phone Number Area Code	Phone Number	
Name	Street or P.O. Box		
	City	State	Zip Code
	Daytime Phone Number Area Code	Phone Number	
Name	Street or P.O. Box		
	City	State	Zip Code
	Daytime Phone Number Area Code	Phone Number	
Name	Street or P.O. Box		
	City	State	Zip Code
	Daytime Phone Number Area Code	Phone Number	

Member Authorization	
I authorize PERSI to release any and all information pertaining to my account(s), including benefits to which I am or may become entitled to in the future, to the individuals listed above. I further authorize PERSI staff to discuss my account(s) and benefits with these same individuals.	
Signature	Date

